[		
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state b	ar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.:	FAX NO.:	
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, CO	OUNTY OF SAN DIEGO	
☐ HALL OF JUSTICE, 330 W. BROADWAY, S☐ NORTH COUNTY DIVISION, 325 S. MELRO	DSE DR., VISTA, CA 92081-6643	
☐ EAST COUNTY DIVISION, 250 E. MAIN ST☐ RAMONA BRANCH, 1428 MONTECITO RD	., RAMONA, CA 92065-5200	
SOUTH COUNTY DIVISION, 500 3RD AVE	, CHULA VISTA, CA 91910-5649	
PLAINTIFF		
DEFENDANT		<del></del>
DECLARATION OF DE	FAULT RE: STIPULATED	CASE NUMBER
AGREEMENT AND	JUDGMENT THEREON	
The undersigned states that on	, a Stipulated Agre	ement was entered into by
	The Stipulated Agreement w	as as follows:
☐ Plaintiff ☐ Defendant has failed to	comply with the terms of the Stipul	ated Agreement signed by both parties in Court.
☐ Plaintiff ☐ Defendant hereby reque		
		•
	ests that the dismissal be set aside	and judgment be entered in favor of the
☐ Plaintiff ☐ Defendant as follows:		
	\$ Stipul	lated amount (not including court costs)
	\$ Costs	s of filing and service
	\$ Attorr	ney fees
	\$ Interes	est
	\$Less	payments received
	\$Total	
☐ Possession of the premises located		
I declare under penalty of perjury unde		
r declare under penalty of perjury under	the laws of the State of California	that the foregoing is true and correct.
_		
Date:	Signature of	Dodgrant
	Signature of	Deciarant
It is so <b>ORDERED</b> by the Court.		
Date:		
		Judge / Commissioner

NOTE: If this is a Small Claims case, you must attach the original contract, check, or documents to support your claim.